

RECEIVED

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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>Dakota Dunes / North Sioux City Times</i>		2. DATE <i>10-1-08</i>
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>20 \$22 \$30 + tax</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>Po Box 1340 North Sioux City SD 57049</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>126 Forest Ave. Vermillion SD 57069</i>		
6. FULL NAME OF PUBLISHER: <i>Bruce L. Odson</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME <i>First State Bank</i>		COMPLETE MAILING ADDRESS <i>722 Central Ave Hawarden IA 51023</i>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run)		<i>1000</i>
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.		<i>106</i>
2. Mail Subscription (Paid and or requested)		<i>494</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		<i>600</i>
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		<i>26</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<i>0</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<i>626</i>
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		<i>374</i>
2. Return from News Agents		<i>0</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		<i>1000</i>
		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
		<i>1000</i>
		<i>86</i>
		<i>500</i>
		<i>586</i>
		<i>14</i>
		<i>0</i>
		<i>600</i>
		<i>400</i>
		<i>0</i>
		<i>1000</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Bruce Odson *Publisher*
(Signature) _____ (Title) _____
SUSAN ODSO^N
NOTARY PUBLIC
SOUTH DAKOTA
Sworn to before me this 21 day of Sept, 2008
Susan Odson
Notary Public
My commission expires: 6-21-11
(Seal) _____